U S Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only	
APR 52006 E MS DRIV	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

File Number U 538	2 Fiscal Year Covered From
•	1-/ 1 / 2005 Through 12/31/2005
Name and address of person filing	4 Name file number and address of labor organization
Name DEAN RUNNING	Name PACITIC N W REG COUNCIL OF CARPE
	Labor Organization File Number 540=172
PO Box Bldg Room No if any	P O Box Building and Room Number if any
Street 2810 LOMBARD AVE	Street 25120 PAC HIWAY SO #200
City EVERETT,	City KENT.
State WA ZIP Code + 4 9.8 2 0 1	State WA ZIP Code + 4 98032
Position in labor organization BUSINESS_REP / LABO	OR TRUSTEE
A Held an interest in engaged in transactions (including loans) with concetary value from an employer whose employees your organizations.	
Name and address of Employer (including trade name of any)	7 a Nature of Interest Transaction or Income
Name	
Trade Name if any	7   1
P O Box Bldg Room No If any I	7 b Amount
Street	
City	
City State . ZIP Code + 4	
State : ZIP Code + 4	
State , ZIP Code + 4 Sie	Ignature  of Persua and other applicable penalties of the law that all of the information
State : ZIP Code + 4 Signature and verification. The undersigned declares under penalty	of Perjury and other applicable penalties of the law that all of the information anying documents) has been examined by the signatory and is to the best of the
State ; ZIP Code + 4 SI  Signature and verification. The undersigned declares under penalty submitted in this report (Including the information contained in any accompa	of Perjury and other applicable penalties of the law that all of the information anying documents) has been examined by the signatory and is to the best of the section on penalties in the instructions)
State ZIP Code + 4  Slean  15 Signature and verification The undersigned declares under penalty submitted in this report (including the information contained in any accompa	of Penury and other applicable penalties of the law that all of the information anying documents) has been examined by the signatory and is to the best of the section on penalties in the instructions)

Name of Person Filing DEAN RUNNING	File Number U
B Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent or idirectly to or otherwise
8 Name and address of Business (including trade name if any)	9 Business deals with
Name	
Trade Name if any	a Labor Organization
P O Box Bldg Room No if any	XX b Trust
Street	c Employer
City	
State _ ZIP Code + 4 _	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name CARPENTERS TRUST OF WESTERN WA	where we consider the colors was the same of the constraint was and
Trade Name if any	CONTERENCE PECISTRATION, AIRFARE, HOTEL, MEALS, PARKING & INCIDENTALS
PO Box Bldg Room No If any P O BOX 1929	(SEE ATTACHED INTO)
Street 2200-6th AVE #300	
	11 b Approximate dollar value of such dealing \$4382.37
CAV SEATTLE,	12 a Nature of interest held or income received
State WA ZIP Code + 4 98121	
	12 b Amount
C Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of mone	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment
Name	•
Trade Name if any	
	] ]
P O Box Bidg Room No If any	ነ   ' ነ
Street	
City	
State   ZIP Code + 4	
13 b Is the Business an Employer ar Consultant 2	14 b Amount of payment

4

Carpenters Trusts of Western Wa Union Trustee Expenses & Reim	
Albou I masse exhauses or Lemm	nai seniorus
Year ended 12/31/05	
	Health &

LEST CHOCA ISOURC		Health &		Date of Expanse/	į –
Trustee Name	Amount	Security	Retirement	Reimbursement	Description
Dean Running	ده محد، ب	\$ 649 \$ 682	\$ 432 25 \$ 3.50 \$ 3.67	June 6 2005 June 14 2005 July 13 2005 October 11 2005 October 11 2005 November 22 2005	6 Registration for 2005 Trustee Training - Lake Tahoe 6 Trust-provided meat re: Board of Trustees meeting 6 Trust-provided meat Lake Tahoe 6 Travel expenses re: 6/12/05 to 6/15/05 Tahoe conference 6 Registration for 2006 Trustee Training - Hullywood 6 Trust-provided meat - Board Meeting 6 Trust-provided meat - Board Meeting 6 Trust-provided meat - Board Meeting 7 Travel expenses re: 11/12/05 to 11/16/06 Honolulu convention
	\$ 4 382 37	\$2 848 53	\$/1 533 84		

1